

P072 TELE-RHEUMATOLOGY: OUTCOMES FROM THE COVID-19 PANDEMIC

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Background/Aims

The COVID-19 pandemic resulted in significant disruption to outpatient services, with hospital resources redirected to acute medical and critical care units. Social distancing measures meant that routine face-to-face outpatient appointments needed to be cancelled or reimagined. Telemedicine offered an attractive solution. Telemedicine uses technology to increase access to healthcare and has been used internationally in remote clinical settings, the National Health Service's '111' as well as in the National Aeronautics and Space Administration (NASA).

Methods

The University Hospital Lewisham Rheumatology Department organised outpatient review of new and follow-up patients via a consultant-supervised registrar telephone clinic 5 days a week during the first-wave of the COVID-19 pandemic. 278 patients had a telephone consultation with the registrar over a 3-month period (30 March to 30 June 2020): 197 new and 81 follow-up patients.

Results

Of the 197 new patient referrals: 2% required urgent face-to-face review (new inflammatory arthritis); 31% were provided with future routine clinic appointments and 44% were discharged: 35 patients without the need for any further investigations and 52 patients following subsequent investigations (e.g. phlebotomy and radiology). Patients were provided with management advice, links to online resources and referred to allied health professionals as indicated, e.g. physiotherapy. Patients were effectively discharged following telephone consultation if the history was sufficient to exclude a condition requiring secondary care management and if relevant community investigations were negative (including inflammatory markers and immunology). 62 of the 197 newly referred patients were offered a routine follow-up appointment. 36 of these patients were reviewed in person when COVID-19 restrictions eased. Of these 36 patients, 20 were subsequently discharged, diagnoses included: chronic pain (5), osteoarthritis (3), mechanical joint pain (6). 11 patients remained for follow up, diagnoses included: Sjögren's syndrome (2) and palindromic rheumatism (1). 5 patients did not attend.

Conclusion

The strengths of this model were: the ability to continue to provide an outpatient rheumatology service; provide safe and effective management for new and follow-up patients; provide patient specific advice pertaining to COVID-19 and to support patients and primary care clinicians. The weaknesses of this model were the use of a single practitioner. Video consultation was not available when this model was implemented, but should add further to subsequent services. Our

experience with the tele-rheumatology model suggests that a telephone triage system, coupled with relevant investigations prior to referral could lead to an effective virtual management strategy with potential beyond the COVID-19 pandemic. It also has great promise with regards to managing chronic conditions in clinical remission with video or telephone consultations, utilising virtual disease activity scores (ePROMS now available via the BSR) and satellite monitoring of blood tests and urinalysis. As technology continues to advance, we should explore ways to modernise the outpatient services.

Disclosure

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